

ANNUAL AUDITED REPORT FORM X-17A-5

Estimated average burden hours per response..... 12.00

8-5/865

FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNING	01/01/06	AND ENDING	12/31/06
REPORT FOR THE PERIOD DECIMANIC	MM/DD/YY		MM/DD/YY
A. RE	GISTRANT IDENTIFIC	CATION	
NAME OF BROKER-DEALER: Ansley Sec CRD#: 47	OFFICIAL USE ONLY		
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			FIRM I.D. NO.
21 Maddox Drive, NE			
	(No. and Street)		 -
Atlanta	Georgia	3	0309
(City)	(State)	(Zip Code)
NAME AND TELEPHONE NUMBER OF F	ERSON TO CONTACT IN I	REGARD TO THIS RE	PORT (404) 808-8782
			(Area Code - Telephone Number
B. ACC	COUNTANT IDENTIFI	CATION	
INDEPENDENT PUBLIC ACCOUNTANT Smith & Howard			
	(Name - if individual, state last,	first, middle name)	
171 17th Street, NW; Suite 900	Atlanta	Georgia	
(Address)	(City)	(State)	(Zip Code)
CHECK ONE:			PROCESSED
□ Certified Public Accountant		_	
☐ Public Accountant		P	MAY 0 2 2007
Accountant not resident in U	nited States or any of its poss	essions.	THOMSON FINANCIAL
	FOR OFFICIAL USE O	NLY	- HOUTOIAL

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

SEC 1410 (06-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

I,	Russell D. Burks		, swear (or affirm) that, to the best of
my kno	wledge and belief the accompanying	g financial statement a	nd supporting schedules pertaining to the firm of
	Ansley Securities LLC		, as
of	December 31	. 20 06	, are true and correct. I further swear (or affirm) that
	the company nor any partner, propr		r or director has any proprietary interest in any account
	ed solely as that of a customer, exce		
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	Official Seal] -	42408
	Theresa F Bylina Notary Public State of Illinois	1	Signature
	My Commission Fapires 04/17/2010]	Principal
	0 6	_	Title
4		1 .	• • • • • • • • • • • • • • • • • • • •
_//	eresu . Def	lina.	
•	Notary Public		
This re	port ** contains (check all applicabl	e boxes):	
	Facing Page.	,	
	Statement of Financial Condition.		
	Statement of Income (Loss).		
	Statement of Changes in Financial		
	Statement of Changes in Stockhold		
	Statement of Changes in Liabilities	Subordinated to Clair	ms of Creditors.
	Computation of Net Capital.		B
(h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3.			
(i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3. (j) A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and the			
면 ()			ents Under Exhibit A of Rule 15c3-1 and the
図 (k)			ements of Financial Condition with respect to methods of
ш (K)	consolidation.	ou and unaddited State	chients of Financial Condition with respect to methods of
(1)	An Oath or Affirmation.		
` ′	A copy of the SIPC Supplemental I	Report.	
			st or found to have existed since the date of the previous aud

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

